REISSUE PATENT	APPLICATION TRAN	SMITTAL	
Address to:	Attorney Docket No.	3008-1021	
Commission r of Patents Mail Stop Reissue	Inventor	Philip Von SCHROETER and John GREAVES	
P.O. Box 1450	Original Patent Number	6,161,232	
Alexandria, VA 22313-1450	Orig. Patent Issue Date	December 19, 2000	
APPLICATION FOR REISSUE OF: (Check applicable box)	,	sign Patent  Plant Patent	
Enclosed are:			
<ul> <li>Specification and Claims in double colon</li> <li>□ Drawing(s) (proposed amendments, if</li> <li>□ Reissue Oath or Declaration/Power of</li> <li>□ Original U.S. Patent currently assigned (If checked, please check the following □ Written Consent of all Assignees □ 37 C.F.R. §3.73(b) Statement (Proposed amendment Papers (cover sheet &amp; doctor)</li> <li>□ Assignment Papers (cover sheet &amp; doctor)</li> <li>□ Application Data Sheet under 37 C.F.F.</li> <li>□ Applicant claims small entity status under</li> <li>□ Statement of status and support for all of the colon of the colo</li></ul>	appropriate) Attorney (original or copy)  applicable box(es)) (PTO/SB/53) TO/SB/96) cument(s)) R. § 1.76 er 37 C.F.R. § 1.27 changes to the claims. See 3 ent  b) w/PTO-1449 -   Copy eclaration (if applicable)  able or Computer Program (ce Submission (if applicable)  (CRF)	7 C.F.R 1.173(c)  of IDS citations  Appendix)	
i. CD-ROM or CD-R (2 cc	· · · — · ·		
Other Attachment:	,		
	PONDENCE INFORMATION	N	
Customer Number: Bar Code Labe 000466	i: 	11 <b>1 8</b> 11	
000400	00466		
	PATENT TRADEMAR	K OFFICE	
Correspondence Address: You 745	ing & Thompson South 23 <sup>rd</sup> Street, Second I	Floor	
	ngton, VA 22202		
Tele	ephone (703) 521-2297	Facsimile (703) 979-4709	



## REISSUE PATENT APPLICATION TRANSMITTAL

(continued)

Attorney Docket No. 3008-1021

The reissue filing fee has been calculated as follows:

## **CLAIMS AS FILED - PART 1**

For				SMALL ENTITY		LARGE ENTITY	
	Claims In Patent	No. Filed In Reissue Application	(3) Number Extra	Rate	Fee	Rate	Fee
Basic Fee					\$375.00		\$750.00
Total Claims	(A) 19	(B) <u>11</u>	**** 0	X \$9.00	\$0	\$18.00	\$0
Independent Claims	(C) <u>4</u> -	(D) <u>3</u>	* 0	X \$42.00	\$ <u>0</u>	\$84.00	\$ <u>0</u>
	TOTAL SMALL ENTITY				\$0		Artena i a
					TOTAL LARGE ENTITY		\$750

**CLAIMS AS AMENDED - PART 2** 

						SMALI	L ENTITY LARG		E ENTITY	
	(1) Claims Remaining After Amendment		Hig Nu Prev	(2) ghest mber viously id For	(3 Extra Claims Present	RATE	FEE	RATE	FEE	
Total Claims	*** 11	-	**	19	*	\$9.00	\$	\$18.00	\$	
Independent Claims	*** 3	-	****	4	<u>0</u>	\$42.00	\$	\$84.00	\$	
Multiple Dependent Claim Fee						\$140.00	\$	\$280.00	\$	
	TOTAL SMALL ENTITY					\$				
					TOTAL LAF	GE ENTITY	\$0			

\* If the entry in (D) is less than the entry in (C), put a "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, put "20" in this space.

\*\*\* After any cancellation of claims.

- \*\*\*\* If "A" is greater than 20, use (B-A); if "A" is 20 or less, us (B-20).
- \*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).
- A Check in the amount of \$750 to cover all fees is attached.
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit account No. 25-0120 in the name of Young & Thompson, as described below. A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 25-0120 for any additional fee required under 37 C.F.R. §§ 1.16 or 1.17.

Liam McDowell, Reg. No. 44,231

745 South 23<sup>rd</sup> Street Arlington, VA 22202 Telephone (703) 521-2297

LM/Imt

Date: July 15, 2003

Y&T 6/3/2002